



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT K

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
ADULT FAMILY HOME (AFH)

## Condensed Resident / Representative Interview

RESIDENT'S NUMBER	RESIDENT'S NAME
REPRESENTATIVE'S NAME	TELEPHONE NUMBER (AREA CODE)

**NOTE:** For representatives, one condensed representative interview is **required** for every inspection, when both residents are interviewable. This form may also be used to interview additional residents and representatives if concerns come up where more information is needed.

SELECT ONE

Resident Interview     Representative Interview

\* The licensor may ask their own five questions to assess the resident's Quality of Life, Safety, Freedom of Choice, and Care and Services. Below are example questions that can be used. Follow up questions may be necessary, depending on information received.

**Check "Y" if the answer is yes; check "N" if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| Y                        | N                        | D                        |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do staff ensure the resident's safety, property, dignity, and rights are protected? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about how the resident(s) are treated?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel the resident's care needs are being met?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can the resident choose to lock their door?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can the resident receive visitors on a schedule of their choosing?                  |

**Please note any additional questions asked, responses received, observations, or comments in the section below.**

NOTES



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